

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2023
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 3/20/23 through 3/21/2023. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. No Emergency Preparedness complaints were investigated during the survey. The census in this 145 certified bed facility was 127 at the time of the survey.	E 000	F656 <u>Criteria 1</u> Resident #1's comprehensive care plan was immediately updated to reflect the physicians order regarding care and treatment of the fingernail evulsion. The CNA who allegedly did not implement resident #1's care plan regarding his choice for the overhead light to be on during care, was provided education on the importance of following interventions listed on resident care plans.	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey and a Focused Infection Control survey were conducted 03/20/23 through 03/21/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaints were investigated during the survey. The census in this 145 certified bed facility was 127 at the time of the survey. There were two COVID-19 positive residents in the facility at the time of the survey. The survey sample consisted of eight resident reviews.	F 000	<u>Criteria 2</u> All current residents have the potential to be affected by the alleged deficient practice of the development and implementation of care plans. <u>Criteria 3</u> Licensed nurses will be re-educated on developing comprehensive care plans that follow physicians' treatment orders, and CNA's will be re-educated on care plan implementation. <u>Criteria 4</u> DON/Designee will randomly audit five physician ordered treatments to ensure care plans have been developed and will randomly observe five CNA's to ensure they are implementing a resident's care plan. These audits will be completed three (3) times per week for four (4) weeks and monthly x two (2) months thereafter. These results will be forwarded to the QAPI committee for review. The committee will determine the need for further audits and/or action.	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and	F 656	<u>Criteria 5</u> Date of compliance is 4/17/23.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

3/30/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	Continued From page 1 §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-	F 656			

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F 656	<p>Continued From page 2</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, resident interview, clinical record review and facility document review, it was determined the facility staff failed to develop and/or implement the comprehensive care plan for one of eight residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>The facility staff failed to develop a comprehensive care plan for the care of the Resident #1's fingernail avulsion (1) per physician orders; and failed to implement the comprehensive care plan for having the overhead light on during care for Resident #1.</p> <p>Resident #1 was admitted to the facility on 8/13/17 with diagnoses that included but were not limited to: quadriplegia, chronic pain, and generalized anxiety disorder.</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 12/19/22, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being totally dependent for bed mobility, bathing, transfers, dressing and hygiene; extensive assistance for eating.</p> <p>A review of the physician orders dated 3/15/23, revealed, "Wound care to Right 4th digit, nail avulsion. Cleanse nailbed with wound cleanser or</p>	F 656		

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F 656	<p>Continued From page 3</p> <p>normal saline, pat dry. Apply small amount of Bacitracin; cover with nonadherent dressing. Change daily or as needed with soilage or drainage present."</p> <p>A review of the comprehensive care plan dated 3/5/19, revealed, "FOCUS: Resident has an actual behavior problem, related to personal choice. Diagnosis of Quadriplegia. Frequently expresses concerns regarding staff performance and delivery of care. INTERVENTIONS: Guest prefers overhead light on prior to care daily. Anticipate and meet resident's needs. Approach in a calm manner. Caregivers to provided opportunity for positive interaction, attention. Stop and talk with him/her as passing by."</p> <p>A review of the nursing progress note dated 3/14/23 at 1:36 AM, revealed, "The resident had an issue with movement of the table and the positioning of the table near the chest. Also, at this time the resident refused to be turned and repositioned. When asked about said issue the resident stated, "I am calling the police because I do not like people messing with my table and lights!" The nurse (writer) then asks if I can place call light next to him to call for help and then we can evaluate as staff before calling emergency services. Resident refused and stated " he does not want call light next to him and wanted writer out. After what assistance the writer (nurse) could give I left the call light clipped next to him and lights on and the table where it was not on his chest, will continue to monitor for aggressive behaviors."</p> <p>A review of the nursing note dated 3/14/23 at 4:52 PM, revealed, "Wound care completed to the 4th right digit/nail avulsion, with no issues. Will</p>	F 656			

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F 656	<p>Continued From page 4 continue plan of care and update as needed."</p> <p>A review of the nursing progress note dated 3/15/23 at 3:53 PM, revealed, "Wound care completed to right 4th digit. Finger cleansed, pat dried, ointment and bandage applied. Guest tolerated well and has no complaints or issues. Will continue plan of care and update as needed."</p> <p>An interview was conducted on 3/20/23 at 12:00 PM with Resident #1. When asked to describe the events on 3/14/23, Resident #1 stated, the aide did not listen to me. I asked her to turn on the light so she could see. She said she could see just fine. She came in to empty my urine bag. I have a condom catheter. She emptied the bag and then to lower my head to reposition me, she moved the overbed table closer to me. She was going to leave me with my head lowered and I must have my head raised so I can use the eraser to type on my laptop as I am a quadriplegic. I asked her to raise my head. She raised the head but did not push the table back and my hand got caught on the overbed table with the laptop. I did not feel anything. In the morning, when they were bringing in breakfast, the nurse asked what had happened as I had a little blood on my towel. She looked and my nail was off. They got orders for care and then put a dressing on it. Resident #1 stated if she would have turned on the light, she could have seen what she was doing. I do not know that she did was purposeful, except that she moved the tray table too close so that when my head was raised, my hand hit the table.</p> <p>An interview was conducted on 3/20/23 at 12:30 PM, with RN (registered nurse) #2. When asked if she could provide any details about Resident</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>#1's missing fingernail, RN #2 stated, "Once we knew the nail was missing, we obtained orders for treatment and I provided the treatment. I do the treatment every day that I am here."</p> <p>An interview was conducted on 3/21/23 at 1:00 PM, with LPN #2. When asked if the care plan was being followed based on Resident #1's light not turned-on during care on 3/14/23 at approximately 1:30 AM, LPN #2 stated, no, the care plan was not followed. When asked if wound care to the missing nail bed should have been included on the care plan, LPN #2 stated, yes, it should be on there.</p> <p>On 3/21/23 at 2:05 PM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the senior clinical transition specialist was made aware of the findings.</p> <p>According to the facility's "Care Planning" policy, dated 6/24/21, revealed, "The care plan must be specific, resident centered, individualized and unique to each resident and may include: it should be oriented toward preventing avoidable declines, how to manage risk factors, address/include resident strengths, utilize current standards of practice, treatment objectives should have measurable outcomes, respect the resident's right to refuse treatment, utilize an interdisciplinary approach to include certified nurse aide, involve and communicate the needs of the resident with the direct care staff (1.e. CNA Kardex).</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p>	F 656			

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F 656	Continued From page 6 (1) Losing a toenail or fingernail because of an injury is called avulsion. The nail may be completely or partially torn off after a trauma to the area. https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.toenail-or-fingernail-avulsion-care-instructions.zp4213	F 656		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care	F 842	F842 <u>Criteria 1</u> Resident # 5 had no adverse outcomes related to the alleged incomplete clinical record. The nurse who allegedly failed to maintain a complete and accurate clinical record was re-educated to ensure that the clinical records are complete and accurate including the importance of timely documentation. <u>Criteria 2</u> All current residents have the potential to be affected by the alleged deficient practice. <u>Criteria 3</u> Licensed nurses will be re- educated on maintaining complete and accurate clinical records. <u>Criteria 4</u> DON/Designee will randomly audit five resident clinical records to ensure they are complete and accurate. These audits will be completed three (3) times per week for four (4) weeks and monthly x two (2) months thereafter. These results will be forwarded to the QAPI committee for review. The committee will determine the need for further audits and/or action. <u>Criteria 5</u> Date of compliance is 4/17/23.	

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F 842	<p>Continued From page 7</p> <p>operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview and clinical record review it was determined that the</p>	F 842			

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F 842 Continued From page 8
facility staff failed to maintain a completed and accurate clinical record for one of eight residents in the survey sample, Resident #5.

The findings include:

For Resident #5 (R5), the facility staff failed to document the dressing changes for a surgical wound.

R5 was admitted to the facility with diagnoses that included but were not limited to cutaneous abscess (1) of buttocks.

On the most recent MDS, a quarterly assessment with an ARD (assessment reference date) of 12/21/2022, R5 scored 13 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions.

The physician's orders for R5 dated 03/17/2023 documented, "If wound vac (2) is off or not functioning properly, cleanse right buttock wound with dakins (3), apply dakins moistened gauze and secure with dry dsg (dressing). Every 24 hours as needed for wound care."

Review of R5 comprehensive care plan with a revision date of 12/19/2022 documented in part, "(R5) is at risk for further impaired skin integrity/pressure injury R/T (related to): decreased mobility and endurance cutaneous abscess of buttocks ...Date Initiated: 12/19/2022."

The eTAR (electronic treatment administration record) for R5 dated March 2023 documented the physician's order as stated above. Further review of the eTAR revealed blank spaces, where staff

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F 842	<p>Continued From page 9</p> <p>document treatment was done, under the dates 03/18/2023 and 03/19/2023.</p> <p>The facility's nursing progress notes dated 03/18/2023 through 03/19/2023 failed to evidence if wound care was provided to R5 or refused.</p> <p>On 03/20/2023 at approximately 11:50 a.m., an interview was conducted with R5 regarding their wound care on 03/18/2023 and 03/19/2023. R5 stated that they did receive wound care on 03/18/2023 and 03/19/2023.</p> <p>On 03/21/2023 at approximately 12:43 p.m., an interview was conducted with ASM (administrative staff member) #2, director of nursing. When asked about the blanks on the eTAR dated 03/18/2023 and 03/19/2023 for R5's wound care, ASM #2 stated they would investigate it. At 1:07 p.m., ASM #2 stated that they contacted the nurse who worked on 03/18/2023 by telephone. ASM #2 stated that the nurse informed them that the wound care was administered but they failed to document that it was done. ASM #2 further stated the physician order for the dressing change was as needed and that R5's dressing may not have needed to be changed on 03/19/2023.</p> <p>The facility's policy "Electronic Medical Records" documented in part, "Policy: Electronic records are an acceptable format for medical record management. The facility will comply with laws and regulations (federal and state-specific) for the management of computerized medical records."</p> <p>On 03/21/2023 at approximately 2:10 p.m., ASM #1, administrator, ASM #2, director of nursing and ASM # were made aware of the above findings.</p>	F 842			

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F 842	<p>Continued From page 10</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) A localized collection of pus in the skin and may occur on any skin surface. Symptoms and signs are pain and a tender and firm or fluctuant swelling. Diagnosis is usually obvious by examination. Treatment is incision and drainage. This information was obtained from the website: Cutaneous Abscess - Dermatologic Disorders - Merck Manuals Professional Edition</p> <p>(2) Vacuum-assisted closure of a wound is a type of therapy to help wounds heal. It's also known as wound VAC. During the treatment, a device decreases air pressure on the wound. This can help the wound heal more quickly. The gases in the air around us put pressure on the surface of our bodies. This information was obtained from the website: https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/vacuums-assisted-closure-of-a-wound.</p> <p>(3) A broad-spectrum antimicrobial cleanser that is gentle to the skin. Effective against MRSA, VRE, other bacteria, viruses, molds, fungi, and yeast. Also used for odor control. This information was obtained from the website: Dakin's Solution Quarter Strength Wound Care Debridement (woundsource.com)</p>	F 842			